



6100 219th Street SW, Suite 200
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

STRUCTURE MOVING PERMIT

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Permit Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Application for House, Shed, Building or Structure Moving Permit within the City Limits of Mountlake Terrace

Present Location of Building to be Moved: _____
 Address of New Location of Said Building: _____
 Date & Hours of Move: _____
 Route to be Taken for Move (Provide Map with Route): _____
 Insured By: _____ Policy #: _____ Date & Expiration Date of Policy: _____

Description of house, shed, structure of buildings to include the gross weight, length, height and width of the building or structure, as well as the registered gross weight of all vehicles or combination of vehicles to be used or engaged in the movement of said buildings or structures:

This move will take place between the hours of 9:00 a.m. and 3:00 p.m., Monday-Friday, on the date approved; or, unless different hours and date of move have been approved by the City Engineer, Police Chief and Fire Chief.

The [Permit Contact Information Form](#) is required to accompany this application.

The Applicant – Permittee hereby agrees to comply with City Ordinance No. 1419 and any additional requirements as enumerated by the reviewing authorities. Applicant must also attach a copy of Insurance Policy and Statement of Approval by all Public Utility Companies listed above.

I certify the information provided on this permit application is true and correct.

Owner / Agent _____ Date _____
Print

Owner / Agent _____
Signature

REQUIREMENTS OF REVIEWER(S)

TRAFFIC ENGINEER:

FIRE CHIEF:

POLICE CHIEF:

BUILDING OFFICIAL:

MOVING PERMIT APPLICATION DENIAL:

YOUR APPLICATION FOR A MOVING PERMIT HAS BEEN DENIED FOR THE FOLLOWING REASONS:

TRAFFIC ENGINEER:

FIRE CHIEF:

POLICE CHIEF:

BUILDING OFFICIAL:



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PERMIT CONTACT INFORMATION

FOR STAFF USE ONLY
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ Suite No. _____

Parcel Number(s) _____

Applicant _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Property Owner _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

Contractor _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

Contact Person: _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Design Professional: _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

Signed: _____ **Print Name:** _____ **Date:** _____

**THESE CONDITIONS MUST BE CORRECTED BEFORE THE MOVING PERMIT WILL BE
ISSUED.**

RESUBMITTAL BY: _____

DATE: _____

RECEIVED BY: _____

DATE: _____

APPROVED BY:

NAME

DATE

TRAFFIC ENGINEER

FIRE CHIEF

POLICE CHIEF

BUILDING OFFICIAL
